



Medical Cannabis

Facts and Figures

- Three out of four Texans (76%) think seriously ill people should have the right to use marijuana for medical purposes.¹
- Twenty-five states and Washington, D.C. now have comprehensive, workable medical marijuana laws on the books. Seventeen additional states (including Texas) have laws on the books that acknowledge the medical value of cannabis, but fall short. Hundreds of thousands of Americans participate in regulated programs for patients. Texas should not deny its own citizens access when their doctors recommend it.
- The government should not stand between a patient and a doctor, and states should have the freedom to decide for themselves what is best.
- Extensive medical research is now available on medical marijuana and its ability to help with a wide variety of serious conditions.²
- Medical marijuana is far safer than many prescription medications, which can lead to overdose deaths and dependence on narcotics. States with medical marijuana have seen prescription opioid overdose rates decrease by 25%.³
- Texas should provide patients an avenue to health for those who can benefit — not charge and jail them for seeking relief. Instead of driving patients to the underground market, Texas should allow regulated use with the recommendation of a doctor. Medical marijuana in a regulated system is safer than marijuana imported by cartels, which can contain harmful contaminants or chemical additives.
- In 2013, the Texas Medical Association stated that it supports “the physician’s right to discuss with his or her patients any and all possible treatment options related to the patient’s health and clinical care (including the use of marijuana) without the threat to physician or patient of regulatory, disciplinary, or criminal sanctions.”⁴
- 67% of doctors surveyed on WebMD indicated medical marijuana should be a medical option for patients.⁵

¹ University of Texas/Texas Tribune poll released in February 2015, <http://s3.amazonaws.com/static.texastribune.org/media/documents/UT-TT-Feb15-survey-4.pdf>

² <https://lists.norml.org/list/mail.cgi/r/chapters/413532323918/jax/texasnorml.org/>, <http://www.mpp.org/assets/pdfs/library/MedConditionsHandout.pdf>

³ JAMA Internal Medicine released August 2015, <http://archinte.jamanetwork.com/article.aspx?articleid=1898878#Conclusions>

⁴ Mark Wiggins, “Lawmaker hopes 6th time’s the charm for medical marijuana bill,” KVUE, January 24, 2014, <http://www.khou.com/news/texas-news/188199881.html>

⁵ R. Scott Rappold, “Legalize Medical Marijuana, Doctors Say in Survey,” WebMD website, April 2, 2014, <http://www.webmd.com/news/breaking-news/marijuana-on-main-street/20140225/webmd-marijuana-survey-web>

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Myths and Rebuttals

“We don’t need it because there are already drugs that work better.”

- Marijuana can be the most effective treatment — or the only effective treatment — for some patients. For example, existing prescription drugs often fail to relieve neuropathic pain — pain caused by damage to the nerves — whereas marijuana has been shown to provide effective relief, even for patients for whom conventional drugs have failed. This type of pain affects millions of Americans with multiple sclerosis, diabetes, HIV/AIDS, and other illnesses.

- Different people respond differently to different medicines; the most effective drug for one person might not work at all for another, or it might have more pronounced side effects. There are often a variety of drugs on the market to treat the same ailment, which is why the Physicians’ Desk Reference comprises 3,000 pages of prescription drugs instead of just one drug per symptom or condition. Treatment decisions should be made in doctors’ offices, not by politicians, bureaucrats, and law enforcement officials. Doctors must have the freedom to choose what works best for each of their patients.

“We can make synthetic forms of the other useful cannabinoids.”

- Seriously ill people should not have to wait for a potentially less effective drug when marijuana could be helping them now. Spending time and money testing and producing pharmaceutical versions of marijuana’s many cannabinoids might produce useful drugs someday, but it will be years before any new cannabinoid drugs reach pharmacy shelves. In 1999, the Institute of Medicine urged such research into potential new drugs, but it noted, “In the meantime there are patients with debilitating symptoms for whom smoked marijuana might provide relief.” In its natural form, marijuana is a safe and effective medicine that has already provided relief to millions of people.

- We support research into the different cannabinoids, but research should not be used as a stall tactic to keep medical marijuana illegal. Patients should be allowed to use marijuana if their doctors think it is currently the best treatment option for them. Why should seriously ill patients have to risk arrest and jail waiting for new drugs that simply replicate marijuana’s effects?

“It is already available in the form of a prescription pill.”

- The prescription pill can be problematic for many patients. The prescription pill known as Marinol (with the generic name dronabinol) is not actually marijuana; it is a synthetic version of THC, the psychoactive component responsible for marijuana’s “high.” It can take an hour or longer to take effect, whereas vaporized or smoked marijuana is effective almost instantaneously. Also, the dose of THC absorbed in the pill form is often too high or too low, and its slow and uneven absorption makes dosing difficult. In its 2008 position paper on medical marijuana, the American College of Physicians noted, “Oral THC is slow in onset of action but produces more pronounced, and often unfavorable, psychoactive effects than those experienced with smoking.”⁶

⁶ American College of Physicians, “Supporting Research into the Therapeutic Role of Marijuana,” 2008